

**STATE OF MONTANA
OFFICE OF THE STATE PUBLIC DEFENDER
APPELLATE DEFENDER OFFICE**

TRANSCRIPT CLAIM FORM

Cause No. _____

Case Name: _____

Attorney Requesting Transcripts: _____

Date Ordered _____ Date Completed _____

Allowable Costs pursuant to Mont. Code Ann. § 3-5-604

Original No. of Pages: _____ @ \$2.00 per page = \$ _____

First Copy No. of Pages: _____ @ \$.50 per page = \$ _____

Add. Copies No. of Pages: _____ @ \$.25 per page = \$ _____

(2 copies to Supreme Court (plus original), 1 copy to County Attorney, 1 copy to Attorney General, 1 copy to Defense Counsel/Appellate Defender.)

Additional Costs: \$ _____

Summary of Additional Costs:

Total Amount Due: \$ _____

Court Reporter: _____

Court Reporter Signature and Date: _____